

Vulnerable patients and safeguarding

Standard operating procedure (SOP) | HOS-SOP-013

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Title	Vulnerable patients and safeguarding
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criterion S1.16
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Identify children, people with disability and patients who lack capacity at admission.
2. Flag them on the record and in the care plan.
3. Refer any concern to the named safeguarding lead the same day.
4. Check the protections are in place at each review.

Stop and get help straight away if: a child or adult at risk is admitted and no safeguarding check is recorded.

1. Purpose

To protect the patients most at risk of harm in hospital (S1.16).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

Children, people with disability and patients who lack capacity can be harmed without anyone noticing. A named safeguarding lead and a flag in the care plan protect them.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Admitting nurse	Identifies and flags vulnerable patients	Trained
Safeguarding lead	Receives referrals; acts; keeps records	Named senior clinician

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Vulnerability flag (HOS-FRM-010)	Current	On the admission record

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Identify.	- Ask the set questions at admission. - Look for signs of abuse, neglect or lack of capacity.	Ask every patient.
2	Flag and plan.	- Mark the flag on HOS-FRM-010. - Write the protection in the care plan.	The flag must reach the care plan.
3	Refer.	Refer any concern to the safeguarding lead the same day.	Do not investigate alone.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Admissions with flag where it applies	At least 70%	Monthly	Safeguarding lead	Escalate to clinical director
Concerns referred the same day	100%	Monthly	Safeguarding lead	Escalate to chief executive

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
HOS-FRM-010	Vulnerability flag record	Record
CON-SOP-001	Informed consent before significant care	Consent for those who lack capacity

16. Evidence

ID	Source and status
E-004	ASF Expert Committee consensus on safeguarding.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval